STATE OF NEW YORK

OFFICE OF CHILDREN & FAMILY SERVICES
FORM OCFS 3107 (10/97)

PROGRAM BUDGET APPENDIX B

		Program (Code //_/_/	
			Contract Nu	mber //_/_/_/
AGENCY/MUNICIPALITY				
PROGRAM TITLE	a party			The second section of the second seco
PERSONAL SERVICES	RATE	BASIS	Tomic OCES	T
POSITION TITLE	OF PAY	(W, BW, SM)	TOTAL OCFS PROGRAM AMOUNT (1)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM
	\$		\$	
	\$	His A carbon throst	\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$	4	\$	
TOTAL SALARIES AND WAGES \$				
TOTAL FRINGE BENEFITS			\$	\$
			\$	\$
TOTAL PERSONAL SERVICES (1)			\$	\$
CONTRACTED SERVICES AND STIPEND	20			
Type of Service or	RATE	BASIS	TOTAL OCFS	
CONSULTANT TITLE	OF PAY	(W, BW, SM)	PROGRAM AMOUNT (1)	
	\$		\$	
	\$		\$	
	\$		\$	
TOTAL CONTRACTED SERVICES (2)				Ф
TOTAL CONTRACTED SERVICES (2)	\$	\$		
TOTAL MAINTENANCE & OPERATION (3)			\$	\$
L'A POLITIMENT LA				
List EQUIPMENT to be purchased or rented: (Unit cost over \$200 and life expectancy of over two years.)				
FACILITY REPAIRS				
PROGRAM SITE				
			\$	
			\$	
TOTAL FACILITY REPAIRS (4)			¢.	•
			\$	\$
TOTAL OCFS PROGRAM AMOUNT			\$	
				\$
LIST OTHER FUNDING SOURCES			\$	DEIMOLIDOADI E TOTAL
			\$ \$	REIMBURSABLE TOTAL MUNICIPAL FUNDING
			\$	OTHER SOURCES
				1

^{*}Use an asterisk next to the figures listed to identify those items for which OCFS reimbursement is not being requested. Use (IK) to identify only in kind services, equipment, etc. donated to program where allowed.